

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project #	Postmark	Date Received	Notification #																												
I. Type of Notification (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled																															
II. Facility Description Building Name: <u>Hanger #12</u> Address: <u>125 Industrial Avenue</u> City: <u>Teterboro</u> State: <u>NJ</u> Zip Code: <u>07608</u> County: <u>Bergen</u> Site Location: <u>Entire Building</u> Building Size (square feet): <u>35000</u> # of Floors: <u>Multi Story</u> Age in Years: <u>60</u> Present Use: <u>Vacant</u> Prior Use: <u>Aircraft Hanger and Offices</u>																															
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training																															
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																															
V. Facility Information Owner Name: <u>General Aviation Aircraft Services inc (dba Meridian Teterboro)</u> Address: <u>125 Industrial Avenue</u> City: <u>Teterboro</u> State: <u>NJ</u> Zip Code: <u>07608</u> Contact: <u>David Pires</u> Telephone: <u>(732) 5426100</u> Fax: _____ Removal Contractor Name: <u>SCE Environmental Group</u> Address: <u>1380 Mount Cobb Road</u> City: <u>Lake Ariel</u> State: <u>PA</u> Zip Code: <u>18436</u> Contact: <u>Jody Cordaro</u> Telephone: <u>(570) 3834151</u> Fax: <u>(570) 687-9525</u> Other Operator (demolition/general): <u>Control Services LLC</u> Address: <u>84 Harbor Drive</u> City: <u>Jersey City</u> State: <u>NJ</u> Zip Code: <u>07305</u> Contact: <u>Joe Bolowski</u> Telephone: <u>(201) 5382124</u> Fax: _____																															
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: <u>Bulk samples collected by licensed asbestos inspector and analyzed by PLM</u>																															
VII. Approximate Amount of Asbestos Materials: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">RACM to be Removed</th> <th colspan="2">Non-friable Asbestos Material to be Removed</th> <th colspan="2">Non-friable Asbestos Material NOT to be Removed</th> </tr> <tr> <th>Category I</th> <th>Category II</th> <th>Category I</th> <th>Category II</th> </tr> </thead> <tbody> <tr> <td>Pipes (linear feet)</td> <td style="text-align: center;">443</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surface Area (square feet)</td> <td style="text-align: center;">400</td> <td style="text-align: center;">42400</td> <td style="text-align: center;">13979</td> <td></td> <td></td> </tr> <tr> <td>Facility Components (cubic feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		Category I	Category II	Category I	Category II	Pipes (linear feet)	443					Surface Area (square feet)	400	42400	13979			Facility Components (cubic feet)					
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VIII. Scheduled Dates Demolition or Renovation: Start: <u>09/05/16</u> Complete: <u>10/10/16</u>																															
IX. Dates for Asbestos Removal (MM/DD/YY) Start: <u>07/18/16</u> Complete: <u>09/02/16</u>																															
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday																								
Hours of Operation:	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700																										

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X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:
Removal of ACM prior to demolition of structures and vessels

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:
All work will be performed using wet removal, negative pressure (where applicable), prompt bagging of removed materials, and placement into disposal containers.

XII. Waste Transporter #1

Name: Newark Carting Inc

Address: PO Box 5670

City: Newark

Contact: Gene Auletta

State: NJ

Zip Code: 07105

Telephone: ()

Waste Transporter #2

Name:

Address:

City:

Contact:

State:

Zip Code:

Telephone: ()

XIII. Waste Disposal

Name: IESI Bethlehem

Address: 2335 Applebutter Road

City: Bethlehem

Contact:

State: PA

Zip Code: 18105

Telephone: ()

XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.

2. Name of Authority Issuing Order:

3. Authority of Order (Citation of Code):

Title:

4. Date of Order (MM/DD/YY):

Date Ordered to Begin

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency:

2. Description of the Sudden, Unexpected Event:

3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

RACM will be removed & disposed using proper methods

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.

Signature of Owner/Operator

Date

Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.

Signature of Owner/Operator

Date

Type or Print Name and Title